

## Hepatitis C and Me: Treatment and Cure

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“An ounce of prevention is worth a pound of cure”, goes the old adage. In my case, the pound of cure will cost the taxpayers of Massachusetts many thousands of dollars. Sadly, the Massachusetts Department of Correction has simply not addressed prevention.

On a warm Saturday afternoon, in the Acute Care Unit of the Lemuel Shattuck State Hospital for the poor, a doctor held my hand and told me I had Hepatitis C (Diorio, 2016). This diagnosis, made in August 2014, roiled and motivated me to seek treatment within the confines of state prison. I instantly felt that this diagnosis was essentially a death sentence or a long and painful road toward a liver transplant. At that time, I had lost hope that anyone would sympathize with me and that I could access medication. I am happy to report that my original assessment was wrong.

Previously, I reported that my chances for treatment were pitifully low. Without treatment, my prison sentence has just become a life term (ibid). What occurred when I returned to my prison, MCI-Shirley, a medium-security correctional facility, was a labored effort to become one of the few prisoners eligible for new expensive medication that would cure me. This effort would pay off nearly three years after many grievances, letters to attorneys, blood tests, hospital visits and various essential medical procedures.

As I researched my options, I learned that Hepatitis drug costs leave many without care. As Freyer (2016a) notes, “Hepatitis C is a big concern for government, because it disproportionately affects low-income people, who are more likely to be on Medicaid, and prisoners, whose care is also the state’s responsibility”. This silent epidemic was just beginning to gain political attention here in the Commonwealth by *The Boston Globe*, the Attorney General, prisoners’ rights organizations like Prisoner Legal Services, among others. Still, with the wave of reform building, I was faced with a simple reality, “[a]ny effort to try to treat the vast majority of patients is financially impossible” (ibid).

I learned, however, that Hepatitis C can be cured. Further, I learned drugs like Sovaldi and Harvoni can cost as much as \$1,000 a pill, with a treatment schedule of 12 to 16 weeks (Weisman, 2016). Fortunately, the Attorney General for Massachusetts, Maura Healey, attacked the problem through various means that included threats and legal action against drug makers. She argued “[These] drug[s] [are] priced in a way that puts it out

of reach of people who need it ... companies are entitled to recover for their costs and are entitled to reap profits. But we need to make sure these drugs are available to people” (ibid). Attorney General Healey argued companies like Gilead Sciences Inc., make a great deal of their money from Medicaid rebates, and therefore she used state consumer protection laws as a crowbar to bring down prices for vulnerable patients like prisoners (Robbins, 2016).

Meanwhile, I faced a long uncertain road. I was routinely called to the facility hospital for blood draws. I was removed from the facility and sent to Shattuck Hospital for ultra-sounds, colonoscopies and a liver biopsy. Each medical experience was dignified and professional during every step in my process. The staff at MCI-Shirley and the maximum-security prison Souza-Baranowski medical departments provided me the finest care I could hope for. During this period of care, I learned MassHealth would be obligated to pay for hepatitis C drugs for all infected members. More specifically, I read that “acting administrators for the Centers for Medicare & Medicaid Services, which notified Medicaid directors in November that the law required Medicaid to cover the drugs” (Freyer, 2016b).

The cost of new generation hepatitis C drugs, known as direct-acting antivirals, can range from \$54,600 to \$94,500 for a 12-week course of treatment (Weisman, 2016). I learned I would require 16 weeks of treatment. As days and weeks turned into months and years, my body grew frail. Fatigue, joint pain and cirrhosis gripped me. I looked and felt 20 years older.

With all my praise for my medical care, I can only offer grievances and contempt for the Massachusetts Department of Corrections for ignoring conditions that foster the transmission of this deadly disease. Prisoners with deadly infectious diseases like Hepatitis C are allowed to share cells, which in itself is not a risk. However, prisoners share razors and drugs. For some, there is sex and fights where transmission occurs. Cells are rarely, if ever, decontaminated where blood is spilled. There is no routine testing for infectious disease. Prisoners ravaged with Hepatitis C are forced to live among young and strong prisoners who often take advantage of their weakened condition. Prisoners afflicted with the disease easily fall victims to threats, fights and extortion.

Treatment is often tied directly to positive programming, and disciplinary free living. Fights, drug use, and tattooing are just a few of the infractions that will end the opportunity for treatment and medication. I learned about this on 9 May 2017 when I was ordered to the medical unit of Souza-

Baranowski Correctional Center where I was informed I would begin 16 weeks of Harvoni. There, I was required to sign a form that indicated I would lose my medication eligibility should I receive a disciplinary report for, among other things, fighting and drug use. The medication began to be administered to me later that month.

The Massachusetts Department of Correction has created a toxic environment where deplorable conditions are taken for granted – conditions that include contaminated cells, as well as a failure to separate infected prisoners from healthy ones in cases where there is a reasonable risk of transmission. While my future went from bleak to accessing a path to be cured, it was largely due to political, legal, and a media attention concerning this issue. My infection may have gone untreated for years, had I not been lucky enough to be diagnosed by doctors of Shattuck Hospital – a visit that was unrelated and routine which resulted in being admitted to the Acute Care Unit. Without these series of events, I may still be filing grievances and hoping for a cure.

It is difficult to recall the names of all the medical staff I have encountered since my diagnosis. It is impossible to forget the many prisoners I have met still suffering with this affliction. They are easy to identify in these prisons. Look for prisoners gaunt, their pallid skin sagging around their necks, their eyes dull, yellowed and lifelessness. Look for the shuffling prisoners who look sick – these are the victims of the silent epidemic.

My journey has come to an end. I am getting my medication, which will cost the taxpayers around \$50,000. I will remember the many nurses and doctors I visited, their bright eyes and their real hope. I will remember the many journeys to the Lemuel Shattuck hospital where I received the most sympathetic and professional care. All the while, I remained sceptical – until the day a wonderful nurse handed me the physician's order – 16 weeks of Harvoni and a booster of Riboviran. What I will also remember is that this whole ordeal could have been prevented, saving me from having to suffer, while also saving resources that could have otherwise been directed towards enhancing conditions inside and outside prison walls.

## REFERENCES

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